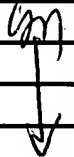



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| Substitute for form 1449A/PTO STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | Complete if Known | | | |
| | | Application Number | TBA | | |
| | | Filing Date | TBA | | |
| | | First Named Inventor | Scancarella | | |
| | | Group Art Unit | | | |
| Examiner Name | | | | | |
| Sheets | 1 | of | 2 | Attorney Docket Number | Rev 01-3 |

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| Examiner Signature | |  | | | | Date Considered | 4/ 6/03 | |

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| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | Application Number | TBA | | |
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| | | First Named Inventor | Scancarella | | |
| | | Group Art Unit | | | |
| | | Examiner Name | | | |
| Sheets | 2 | of | 2 | Attorney Docket Number | Rev 01-3 |

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| Examiner Initials* | Cite No. | Include name of the author (In CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
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